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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

OR

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The second standing of	PUS1626 (1578.701)	of number.
First Named Inventor	Paul Chyc	
CC	OMPLETE IF KNOWN	
Application Number	Not yet assigned	<del></del>
Filing Date	Herewith	
Art Unit	Not yet assigned	
Examiner Name	Not yet assigned	

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I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.									
I believe the Inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
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the specification of which		(Title of the Invention	y						
is attached hereto				•					
OR		,							
was filed on (MM/DD/)	m) [-	as Ur	nited States App	olication Numb	er or PCT International				
Application Number			-						
		and was amended on (MM	(DD/YYYY)		(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
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[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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